

1.) CORPORATION NAME:

DUE DATE: **2/28/2013****Intercare Insurance Solutions, Inc.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1781386**

**C T CORPORATION SYSTEM
4701 COX ROAD, SUITE 301
GLEN ALLEN, VA 23060**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

CA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5375 MIRA SORRENTO PLACE
STE 400

CITY/ST/ZIP: SAN DIEGO, CA 92121

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: MICHAEL JOSEPH BARONE
TITLE: PRESIDENT
ADDRESS: 5375 MIRA SORRENTO PL
STE 400
CITY/ST/ZIP/CO: SAN DIEGO, CA 92121

☒ OFFICER☐ DIRECTOR

NAME: Kirk Christ
TITLE: COO
ADDRESS: 4371 Latham Street
Suite 101
CITY/ST/ZIP/CO: Riverside, CA 92501

☒ OFFICER☐ DIRECTOR

NAME: Roy H Taylor
TITLE: PRESIDENT
ADDRESS: 4371 Latham Street
Suite 101
CITY/ST/ZIP/CO: Riverside, CA 92501

☒ OFFICER☒ DIRECTOR

NAME: Julie Plaa
TITLE: CFO
ADDRESS: 4371 Latham Street
Suite 101
CITY/ST/ZIP/CO: Riverside, CA 92501

☒ OFFICER☐ DIRECTOR

NAME: Scott Goodreau
TITLE: SECRETARY
ADDRESS: 300 N. LaSalle Street
17th Floor
CITY/ST/ZIP/CO: Chicago, IL 60654

☒ OFFICER☐ DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Joseph Hyde TREASURER 300 N. LaSalle Street 17th Floor Chicago, IL 60654	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Philip Adler VICE PRESIDENT 300 N. LaSalle Street 17th Floor Chicago, IL 60654	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jason Romick VICE PRESIDENT 300 N. LaSalle Street 17th Floor Chicago, IL 60654	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	James M Vogdes IV Tax Director 300 N. LaSalle Street 17th Floor Chicago, IL 60654	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Martin P Hughes DIRECTOR 300 N. LaSalle Street 17th Floor Chicago, IL 60654	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	W. Kirk James VICE PRESIDENT 300 N. LaSalle Street 17th Floor Chicago, IL 60654	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ Philip Adler	Philip Adler, VICE PRESIDENT	2/6/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			